

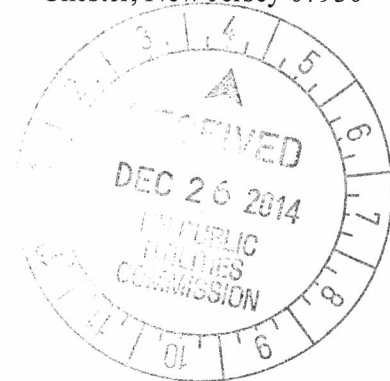


DE 14-377

Knollwood Energy of MA LLC
P.O. Box 30
Chester, New Jersey 07930

December 19, 2014

Debra A. Howland
Executive Director
New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10
Concord, NH 03301-2429



Dear Ms Howland,

Enclosed please find the application for the Matt Tilley system to be part of the Knollwood Energy of MA LLC (NH-II-13-089) Class II Photovoltaic aggregation for New Hampshire Renewable Energy Certificates (RECs) generated from customer-sited sources, pursuant to New Hampshire Code of Administrative Rules Puc 2506.

Customer and Facility Information

Matt Tilley
184 Hensmith Rd
Salisbury, NH 03268
603.648.2299
nhmeanie@gmail.com

The Nepool GIS ID # for this facility is: NON44139. Also enclosed are the Simplified Process Interconnection Application and Service Agreement and the Certificate of Completion for Simplified Process Interconnections. An electronic version has been sent to executive.director@puc.nh.gov.

Please do not hesitate to contact me if you have any questions regarding this application.

Thank you for your consideration,

Linda Modica
New England REC Operations Manager
Knollwood Energy of MA LLC
973.879.7826
linda@knollwoodenergy.com

Enclosures (3)



State of New Hampshire Public Utilities Commission

21 S. Fruit Street, Suite 10, Concord, NH 03301-2429



DRAFT APPLICATION FORM FOR RENEWABLE ENERGY CERTIFICATE (REC) ELIGIBILITY FOR CLASS I AND CLASS II SOURCES WITH A CAPACITY OF 100 KILOWATTS OR LESS

Pursuant to New Hampshire Administrative Code [Puc 2500](#) Rules including Puc 2505.08, Certification of Certain Customer-Sited Sources

- Please submit one (1) original and two (2) paper copies of the completed application and cover letter* to:
Debra A. Howland, Executive Director, New Hampshire Public Utilities Commission
21 South Fruit Street, Suite 10, Concord, NH 03301-2429
- Send an electronic version of the completed application and the cover letter electronically to
executive.director@puc.nh.gov.
- The cover letter must include complete contact information and identify the renewable energy class for which the applicant seeks eligibility. Pursuant to Puc 2505.01, the Commission is required to render a decision on an application within 45 days of receiving a completed application.

If you have any questions please contact Barbara Bernstein at (603) 271-6011 or Barbara.Bernstein@puc.nh.gov.

- Photovoltaic (PV) solar facilities are Class II resources. Contact Barbara.Bernstein@puc.nh.gov for assistance.

Eligibility Requested for: Class I ☐ Class II ☒ Check here X ☐ if this facility part of an aggregation.

If the facility is part of an aggregation, please list the aggregator's name. Knollwood Energy of MA

- Provide the following information for the owner of the PV system.

Applicant Name Matt Tilley Email nhmeanie@gmail.com
Address 184 Hensmith Rd City Salisbury State NH Zip 03268
Telephone 603.648-2299 Cell _____

- For business applicants, provide the facility name and contact information (if different than applicant contact information).

Facility Name _____ Primary Contact _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Cell _____
Email address: _____

- Provide a complete list of the equipment used at the facility, including the revenue grade REC meter, and, if applicable, the inverter. Your facility will not qualify for RECs without a REC meter.

equipment	quantity	Type	equipment	quantity	Type
PV panels	30	SunEdison F265	other		
Inverter	30	Enphase M250	other		
meter	1	AEE Solar CL200 204V3W	other		

- A copy of the interconnection agreement and the approval to operate your PV system from your electric utility must be included with your application.
- For PSNH customers, both the *Simplified Process Interconnection Application* and *Exhibit B - Certificate of Completion* are required.

What is the nameplate capacity of your facility (found on your interconnection agreement)? 7.9 DC 7.4 AC

What was the initial date of operation (the date your utility approved the facility)? 7/1/14

- Provide the name, license number and contact information of the installer, or indicate that the equipment was installed directly by the customer.

Installer
 Name Sunray Solar, LLC Contact Michael Fay License # (if applicable) n/a
 Address 249 Loudon Road City Concord State: NH Zip 03301
 Telephone 603.225.6001 email michael@spreadthesunshine.com

If the equipment was installed directly by the customer, please check here: ☐

- Provide the name and contact information of the equipment vendor.

☐ X Check here if the installer provided the equipment and proceed to the next question.

Business Name _____ Contact _____
 Address _____ City _____ State _____ Zip _____
 Telephone _____ email _____

- If an independent electrician was used, please provide the following information. (*Sunray corporate electrician*)

Electrician's Name _____ License # 12821M
 Business Name Radiant Electric Email info@radiantelectric.com

Address 34 Old Bye Rd City Raymond State NH Zip 03077

- **Provide the name of the independent monitor for this facility.** (A [list](http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm) of approved independent monitors is available at http://www.puc.nh.gov/Sustainable%20Energy/Renewable_Energy_Source_Eligibility.htm.)

Independent Monitor's Name Tom Kelly Natural Capital, LLC

Is the facility certified under another state's renewable portfolio standard? yes ☐ no ☒

If "yes", then provide proof of the certification as **Attachment C**.

- **Please note, if your facility is part of an aggregation, your aggregator should provide you with the following information.**
- **In order to qualify your facility's electrical production for Renewable Energy Certificates (RECs), you must register with the NEPOOL – GIS. Contact information for the GIS administrator follows:**

James Webb
Registry Administrator, APX Environmental Markets
224 Airport Parkway, Suite 600, San Jose, CA 95110
Office: 408.517.2174 jwebb@apx.com


If you are not part of an aggregation, Mr. Webb will assist you in obtaining a GIS facility code.

GIS Facility Code # NON44139 Asset ID # NON44139

- **Complete an affidavit by the applicant or qualified installer that the project is installed and operating in conformance with any applicable state/local building codes.** Use either the following affidavit form or provide a separate document.
- **The Commission requires a notarized affidavit as part of the application.**

AFFIDAVIT

The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes. (please see attached)

Applicant's Signature  Date _____

Applicant's Printed Name Linda Modica

Subscribed and sworn before me this _____ Day of _____ (month) in the year _____

County of _____ State of _____

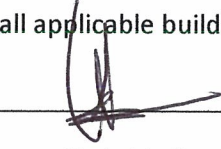
Notary Public/Justice of the Peace

My Commission Expires _____

- Complete an affidavit by the applicant or qualified installer that the project is installed and operating in conformance with any applicable state/local building codes. Use either the following affidavit form or provide a separate document.
- The Commission requires a notarized affidavit as part of the application.

AFFIDAVIT

The Undersigned applicant declares under penalty of perjury that the project is installed and operating in conformance with all applicable building codes.

Applicant's Signature  Date 12/15/14

Applicant's Printed Name Linda Modica

Subscribed and sworn before me this 15 Day of December (month) in the year 2014

County of Morris State of New Jersey


Notary Public/Justice of the Peace

My Commission Expires _____

DULCE PINTO Notary Public State of New Jersey My Commission Expires Jan. 21, 2019 I.D.# 2381704
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- Complete the following checklist. If you have questions, contact barbara.bernstein@puc.nh.gov.

CHECK LIST: The following has been included to complete the application:	YES
• All contact information has been provided.	X
• A copy of the interconnection agreement. PSNH Customers should include both <i>the Interconnection Standards for Inverters Sized up to 100 KVA</i> and <i>Exhibit B – Certification of Completion for Simplified Process Interconnection</i> .	x
• Documentation of the distribution utility's approval of the installation.*	x
• If the facility is participating in another state's renewable portfolio standard (RPS) program, documentation of certification in other state's RPS.	
• A signed and notarized attestation.	X
• A GIS number obtained from the GIS Administrator.	x
• The document has been printed and notarized.	x
• The original and 2 copies are included in the packet mailed to Debra Howland, Executive Director of the PUC.	x
• An electronic version of the completed application has been sent to executive.director@puc.nh.gov .	x
*Usually included in the interconnection agreement.	

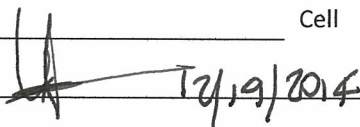
- If the application has been prepared by someone other than the applicant, complete the following. If the application was prepared by the applicant, check here ☐ and skip this section.

PREPARER'S INFORMATION

Preparer's Name Linda Modica Email address: linda@knollwoodenergy.com

Address PO Box 30 City Chester State NJ Zip 07930

Telephone 973.879.7826 Cell _____

Preparer's Signature:  7/19/2014

UNITIL ENERGY SYSTEMS, INC.
INTERCONNECTION STANDARDS FOR INVERTERS
SIZED UP TO 100 KVA (Continued)

Simplified Process Interconnection Application and Service Agreement

Contact Information:

Date Prepared: 4/25/14

Legal Name and address of Interconnecting Customer (or, Company name, if appropriate)

Customer or Company Name (print): Beverly Tilly Contact Person, if Company:

Mailing Address: 184 Hensmith rd

City: Salisbury

State: NH

Zip Code: 03268

Telephone (Daytime): (603) 648-2299

(Evening):

Facsimile Number:

E-Mail Address: rhmeanie@gmail.com

Alternative Contact Information (e.g., system installation contractor or coordinating company, if appropriate):

Name: SunRay Solar LLC

Mailing Address: 249 Loudon rd

City: Concord

State: NH

Zip Code: 03301

Telephone (Daytime): (603) 225-6001

(Evening):

Facsimile Number:

E-Mail Address: Duke@spreadthesunshine.com

Electrical Contractor Contact Information (if appropriate):

Name: Radant Electric

Telephone: (603) 244-2257

Mailing Address: 34 Old Bye rd

City: Raymond

State: NH

Zip Code: 03077

Facility Information:

Address of Facility: 184 Hensmith rd

City: Salisbury

State: NH

Zip Code: 03268

Electric Service Company: Unitil

Account Number: 1053823-1013722

Meter Number: 454962

Inverter Manufacturer: Enphase

Model Name and Number: M250

Quantity: 30

Nameplate Rating: 7.9 (kW)

(kVA)

(AC Volts)

Single ☒

or Three

Phase

System Design Capacity: 7.9 (kVA)

(kVA)

Net Metering: If Renewably Fueled, will the account be Net Metered? Yes ☒ No

Prime Mover: Photovoltaic ☒ Reciprocating Engine ☐ Fuel Cell ☐ Turbine ☐ Other

Energy Source: Solar ☒ Wind ☐ Hydro ☐ Diesel ☐ Natural Gas ☐ Fuel Oil ☐ Other

UL 1741.1 (IEEE 1547.1) Listed? Yes ☒ No

Estimated Install Date: 5/6

Estimated In-Service Date: 5/7

Customer Signature

I hereby certify that, to the best of my knowledge, all of the information provided in this application is true and I agree to the Terms and Conditions on the following page:

Interconnecting Customer Signature: Beverly Tilly Title: Homeowner Date: 4/26/14

Please attach any documentation provided by the inverter manufacturer describing the inverter's UL 1741 listing.

Approval to Install Facility (For Company use only)

Installation of the Facility is approved contingent upon the terms and conditions of this Agreement, and agreement to any system modifications, if required (Are system modifications required? Yes ☐ No ☐ To be Determined ☐):

Company Signature: _____ Title: _____ Date: _____

Company waives inspection/Witness Test? Yes ☐ No ☐



Certificate of Completion for Interconnection

Installation Information:

_____ Check if owner-installed

Customer or Company Name (print): MATT TILLEY
Contact Person, if Company: _____
Mailing Address: 197 HUSSEY RD
City: SALISBURY State: NH Zip Code: _____
Telephone (Daytime): _____ (Evening): _____
Facsimile Number: _____ E-Mail Address: _____

Address of Facility (if different from above): _____
City: _____ State: _____ Zip Code: _____

Electrical Contractor's Name (if appropriate): Radant Electric
Mailing Address: _____
City: _____ State: NH Zip Code: 03422
Telephone (Daytime): 603-444-2111 (Evening): _____
Facsimile Number: _____ E-Mail Address: _____
License number: 122212 State: NH

Date of approval to install Facility granted by the Company: _____

Application ID number: _____

Inspection:

The system has been installed and inspected in compliance with the local Building/Electrical Code of
Salisbury, NH
(City/County/State)

Signed (Local Electrical Wiring Inspector, or attach signed electrical inspection): Charles Bodien

Name (printed): Charles Bodien

Date: 7/1/14

As a condition of interconnection you are required to send a copy of this form along with a copy of the signed electrical permit to Unitil at the following address:

Unitil Corporation
Attention: Generator Interconnections
6 Liberty Lane West
Hampton, NH 03842